

**INTENSIVE IN-HOME TREATMENT FOR CHILDREN WITH  
AUTISM, ASPERGER'S AND PERVASIVE DEVELOPMENTAL DISORDERS**

SPC 512

**DEFINITION**

The provision of treatment oriented behavioral services provided by qualified professionals to children diagnosed with Autism, Asperger's and Pervasive Developmental Disorders (NOS) and their families. This service may consist of a variety of therapeutic approaches that can be implemented with the intent to enhance behavior, communication, and social skills. The intent of the treatment is to develop and improve health, welfare, and effective functioning in the home and community.

Any service provided may not also be covered under the Medicaid State Plan.

**SERVICE REQUIREMENTS/LIMITATIONS/EXCLUSIONS**

1. Only those services not reimbursable under the State Medicaid Plan will be reimbursable using waiver funds.
2. The cost of travel time may be included in the rate paid to the provider of this service.
3. Any treatment that is to be funded by the waiver program must be directly related to an individual child's therapeutic goals.
4. A variety of behaviorally based therapy models consistent with best practice and research on effectiveness will be permitted under this waiver.
5. This service is limited to children who, through an independent evaluation, meet the required diagnostic and functional criteria before starting services.
6. Services must start before the child reaches age 8 years, unless a variance has been granted by the Department of Health and Family Services.
7. Intensive levels of services are defined as a range of 20 to 35 hours of face-to-face contacts per week. Individual plan hours may vary. Individual hours are established by discussions with the child's team including, providers, the child's family, and the county.
8. Services are provided on a face-to-face basis with the child.
9. Once children have had three years of intensive services, or at such time that they are not making progress towards outcomes at the intensive level of service, they will transition to other home and community-based services waiver supports and services.

## **INTENSIVE IN-HOME TREATMENT FOR CHILDREN WITH AUTISM, ASPERGER'S AND PERVASIVE DEVELOPMENTAL DISORDERS**

Variances to this three year-limit may be requested and are subject to the approval of the Department of Health and Family Services

10. Intensive services must be coordinated with other relevant services, such as educational services through the public schools; Medicaid card covered services, and private supports and services.
11. The use of intensive in-home autism is exclusive of the other home and community-based services waiver services.

## **STANDARDS**

### **PERSONNEL**

#### **A. TEAM COMPOSITION**

The In-home intensive treatment team consists of:

##### **1. Lead therapist:**

A provider who has the following credentials and experience **MUST** lead the in-home intensive treatment team. The lead therapist must present written evidence of the following requirements, prior to the provision of services:

- a. A doctoral degree in psychology, or a medical degree from an accredited educational institution;
- b. Actively licensed by a state board of examiners of psychiatry or is a licensed psychologist who is listed or eligible to be listed in the National Register of Health Care Providers in Psychology;
- c. Has completed 1500 hours of training or supervised experience in the application of behaviorally based therapy models consistent with best practice and research on effectiveness, for children with an autistic disorder, Asperger's disorder or pervasive developmental disorder (NOS); and
- d. At least two years of experience as an independent practitioner, and as a supervisor of less experienced clinicians.

**INTENSIVE IN-HOME TREATMENT FOR CHILDREN WITH  
AUTISM, ASPERGER'S AND PERVASIVE DEVELOPMENTAL DISORDERS**

**2. Senior therapist:**

- a. The senior therapist must be a certified psychotherapy provider, with a master's degree in one of the behavioral sciences who has at least 400 hours of training or supervised experience in the use of behaviorally based therapy models consistent with best practice and research on effectiveness, for children with an autistic disorder, Asperger's disorder or pervasive developmental disorder (NOS); in addition to, or as part of their 3000 hours of training/supervision; OR
- b. A bachelor's degree in a human services discipline and at least 2,000 hours of training or supervised experience in the use of behaviorally based therapy models consistent with best practice and research on effectiveness, for children with an autistic disorder, Asperger's disorder or pervasive developmental disorder (NOS).

**3. Line staff:**

- a. Line staff must be at least 18 years old and a high school graduate.
- b. Line staff must have obtained at least 30 hours of direct supervised experience in the use of behaviorally based therapy models consistent with best practice and research on effectiveness, for children with an autistic disorder, Asperger's disorder or pervasive developmental disorder (NOS); OR have at least 160 hours working in any setting with children with Autism Spectrum Disorders prior to the provision of services.
- c. The lead therapist and the child's family will recruit all staff with careful consideration given to background checks and compatibility.
- d. Line staff must work under the direction of the lead therapist and the senior therapist.
- e. Line staff must be oriented to the specific outcomes and approach for provision of services for an individual child.
- f. Line staff must be directly supervised during their initial visit with a child.

## **INTENSIVE IN-HOME TREATMENT FOR CHILDREN WITH AUTISM, ASPERGER'S AND PERVASIVE DEVELOPMENTAL DISORDERS**

### **B. TEAM ROLES**

The lead therapist assesses the child and develops the intensive treatment plan based upon the child's individual needs. The senior therapist then provides the ongoing supervision of the implementation of the treatment plan, this includes training and supervision of the line staff, training for the family and weekly team meetings to review the child's progress and develop an intervention plan for the next week. Line staff implement the discrete trials. Families also follow through on discrete trial activities, although these hours are not billable to the waiver. The lead therapist monitors progress on at least a monthly basis and more frequently if needed to address issues with the child's outcomes.

Discrete trials are an operant conditioning technique which includes the introduction of a particular activity with a specific desired outcome for a child. The child receives positive reinforcement for properly completing the task.

#### **1. Lead therapist:**

On teams with a senior therapist: Following the initial training session, the lead therapist trains and directs the team by conferring with the Senior Therapist at least weekly in person or by telephone and by working with the child in person and with the Senior Therapist and one or more line staff at least every two months.

On teams without a senior therapist: Following the initial training session, the lead therapist trains and directs the team by working with the child in the home and the line staff at least weekly.

#### **2. Senior therapist:**

The senior therapist is an extension of the lead therapist and works with the child, the child's family, and other team members in the home a minimum of two hours weekly. The senior therapist confers with the lead therapist at least weekly in person or by telephone and implements any changes in the treatment plan that might result from the conference; and, works with the child, the child's family, and line staff to assure that the treatment plan is being followed accurately.

#### **3. Line staff:**

Line staff are trained by the lead therapist and senior therapist and directly supervised by the senior therapist and/or lead therapist to implement the treatment plan. The lead therapist is responsible to assure that line staff

## **INTENSIVE IN-HOME TREATMENT FOR CHILDREN WITH AUTISM, ASPERGER'S AND PERVASIVE DEVELOPMENTAL DISORDERS**

follow the treatment plan and provide good quality safe care. The line staff documents the nature and scope of the services, as directed by the lead therapist and/or senior therapist, provided during each session with the child.

Line staff may accompany children to community-based activities that are intended to facilitate generalization of the behavior principles being covered in the in-home sessions and/or as transition to school, day care, and other community settings. Community-based activities without therapeutic intent are not covered; therefore, any community-based activities must be clearly documented with purpose, time spent and measurable goals in the individualized treatment plan of the child.

### **4. Family involvement:**

The families of children receiving intensive in-home services are vital members of the in-home autism therapy team. They must be involved in the initial training session to initiate in-home intensive therapy, and must remain involved with the team so that they are able to carry through and reinforce the behaviors being worked on by the therapy team. The parents need not be available for all therapy sessions but must be present at team meetings and workshop sessions.

## **DOCUMENTATION**

1. The lead therapist shall provide a written progress report to the child's service coordinator and family at least every six months.
2. All of the services provided must be clearly documented in the child's chart by one of the team members present. Documentation must include location of service, time spent and team members present.
3. For billing purposes, the provider records must support, in case notes, time logs or other forms of documentation, the units of service billed.